

**CONSENT AND RELEASE AGREEMENT
(Visual/Audio)**

I, _____, (“Releasor” herein), being of legal age, hereby agree and consent to permit the Board of Trustees of Eastern Illinois University (“University”), through its employees, agents, and/or contractors to obtain and use my image or voice in any medium (tape, film, video, electronic, etc.) on the topic(s) of:

(the “Production”).

I grant the Board of Trustees and Eastern Illinois University, and those acting under its permission and authority, the right and permission to disclose my identity and to reproduce in whole or in part, in every manner or form, and circulate, distribute, show, play, or otherwise display videotapes, films, photographs, and transparencies of me and/or recordings of my voice for educational purposes arising out of my voluntary participation in the Production on _____.

I enter into this Agreement of my own free will, with no requirement to do so, with the sole consideration being the University permitting me to appear in the Production, and I understand there will be no payment or other compensation. I hereby waive for myself, my assigns, heirs, next of kin, and personal representatives any claim to any rights or benefits derived directly or indirectly from my appearance in the Production and any claim for damage to my person, property, or reputation, or for invasion of privacy. I hereby assign and transfer to the University, its successors and assigns, any title, right, interest, ownership, and all subsidiary rights that I may have in and to the videotape described above, including but not limited to the right to procure copyright therein in the name of the Production and the right to secure any renewals, reissues, and extensions of any such copyright in the United States or any foreign country. I affirm that to the best of my knowledge any material furnished and used by me in the presentation is my own original material or materials which I have full authority to use for such purposes. The University shall have the right to revise and/or edit the videotape.

I hereby attest and certify that I am in excellent health and do not have any physical defects or post-medical history that would in any way affect my participation in the making of the Production. Any risks and hazards inherent in my participation in the making of the Production have been fully explained to me and I hereby elect voluntarily to participate in the making of the Production. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL RISK OF LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF MY PARTICIPATION IN THE MAKING OF THE PRODUCTION.

I release, waive, and discharge, for myself, my assigns, heirs, next of kin, and personal representatives, any and all claims of any kind against the University, and the

interviewer/photographer,
account of the use of the Production.

, on

Signed this _____ day of _____, 20 .

RELEASOR

WITNESSES:

PRINTED or TYPED NAME

SIGNATURE

PRINTED or TYPED NAME

SIGNATURE